New Data Available on Quality of Care in Maryland Hospitals

Maryland Hospital Guide Now Reports the Occurrence of Preventable Blood Stream Infections for Each Maryland Hospital

Commission's web-based Hospital Guide provides tool for comparing quality measures at Maryland acute care hospitals

Maryland Health Care Commission News Release

Baltimore, MD (October 21, 2010) The Maryland Health Care Commission's Hospital Guide now includes information about how often a specific type of serious but preventable infection occurs in Intensive Care Units (ICUs) and Neonatal Intensive Care Units (NICUs) in Maryland hospitals. Central line-associated blood stream infections, or CLABSIs, occur in patients who have an intravenous central line catheter in place. These potentially devastating infections can largely be prevented by proper insertion and care of the catheter.

Marilyn Moon, Ph.D., Chair of the Commission, noted that the public reporting of CLABSI infections is part of the on-going efforts of the Commission to improve quality of care, promote transparency, and provide timely and important information to patients and health care professionals. The CLABSI data provide each hospital with a benchmark from which progress in reducing infections can be measured. Dr. Moon explained that reducing these preventable healthcare-associated infections will improve patient care outcomes and save health care dollars. The Hospital Guide can be found on the web at http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm

The new hospital data includes information on CLABSIs experienced in Maryland acute care hospital adult and pediatric ICUs and NICUs for the 12-month period, July 1, 2009 through June 30, 2010. During this period, Maryland acute care hospitals reported 424 CLABSIs in ICUs and 29 CLABSIs in neonatal ICUs.

A comparison with national data shows that Maryland as a whole experienced more CLABSIs than would be predicted after adjusting for ICU type. Eight Maryland hospitals (Johns Hopkins Bayview Medical Center, University of Maryland Medical Center, Prince George's Hospital Center, Peninsula Regional Medical Center, Shady Grove Adventist Hospital, Doctors Community Hospital, Sinai Hospital, and Memorial Hospital at Easton) had ICU infection rates worse than the national experience. The remaining 37 hospitals had overall infection rates that were not significantly different than the national experience. For neonatal intensive care units, one hospital (Johns Hopkins Hospital) had CLABSI rates better than the national experience and 14 hospitals had rates no different than the national experience. Overall, Maryland hospitals experienced fewer NICU infections than would be predicted based on national experience. Pam Barclay, Director of the Center for Hospital Services, noted, "The goal is not to be average or better than average; the goal is to reduce preventable CLABSIs to zero." Seven hospitals (Howard County General Hospital, Carroll Hospital Center, Calvert Memorial Hospital, Fort Washington Hospital Center, Chester River Hospital, Garrett County Memorial Hospital, and James Lawrence Kernan Hospital) reported no CLABSIs in ICUs during the 12month reporting period ending June 30, 2010, and five hospitals (Sinai Hospital, Mercy Medical Center, St. Joseph Medical Center, Anne Arundel Medical Center, and Frederick Memorial Hospital) reported no CLASBIs in their neonatal ICUs. Because of the relatively low number of ICU days at these hospitals, even zero infections are not statistically better than the national

average. More ICU days over a longer period of reporting will be required to demonstrate that the efforts in these hospitals to prevent CLABSIs have produced significantly better results than the national average.

All acute care hospitals in Maryland with adult and/or pediatric ICUs and NICUs are required to report data to the Commission for public reporting. Maryland is one of 23 states that use the CDC National Healthcare Safety Network (NHSN) system to support mandatory public reporting of healthcare-associated infection data, but one of only five states that actually audit the accuracy of hospital reporting. The Commission will use more current data to update the Hospital Guide every six months. In 2011, the Commission will add data to its Hospital Guide on surgical site infections involving coronary artery bypass graft surgery, hip replacement surgery, and knee replacement surgery.

The Commission's Hospital Guide website also includes updated information on how each Maryland hospital performs on 14 "process of care" measures covering care for patients with heart attacks, heart failure, and pneumonia. For surgical patients, the Hospital Guide reports on 8 process of care measures designed to improve the outcomes of surgery, including prevention of infections, management of heart drugs during the perioperative period, and prevention of blood clots. Clinical outcomes are assessed by measuring the likelihood of death within 30 days of an admission for heart attack, heart failure, and pneumonia patients, with adjustments for the severity of the patient's illness and complexity of the patient's disease on admission. Additional information available on the Hospital Guide includes hospital location and website address, number of licensed beds by service, accreditation status, leading causes of hospitalization, Active Surveillance Testing for MRSA in ICUs, maternity and newborn services available, and a *Hospital Pricing Guide*.

About the Maryland Health Care Commission

The Maryland Health Care Commission is a 15-member independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The 15 Commissioners are appointed by the Governor with the advice and consent of the Maryland Senate. The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

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